State of South Dakota



Candidate's or Committee's Report of Receipts and Expenditures

RECEIVED NOV 2 1 2006

Candidates and candidate committees: File in the office where you filed your nominating petition.

PACs, political party, ballot question and other committees: File with Elections Department, Secretary of State's Office, 500 E Capitol Ave., Pierre, SD 57501-5070

See pages 9 & 10 of the Guideline Book for specific instructions on completing this report. Name of Candidate or Committee Lyan P. Olson 303rd Avenue Onida, SD 57564 Complete Mailing Address 18611 Daytime Phone Number 605-280-2398 Name of Person Making Report If you are a candidate, what office are you seeking? House D.St. 24 If you are a ballot question committee, indicate which measure(s) the committee was involved with during the reporting period and whether the measure was supported or opposed. Type of Report (See pages 4 & 5 of Guideline Book) Post-General For Reporting Period Ending (See pages 4 & 5 of Guideline Book) 1-2-67 The following verification must be completed before submitting report. VERIFICATION OF PERSON MAKING REPORT (print name legibly), certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Cardidate Signature or

1

Signature of Committee Treasurer or Chairperson

Revised July 2001

Date: 11-19-06

Filed this and day of Melson

| Name of Candidate or Co | Pusar Olson | | |
|--|---|--|---|
| Name of Candidate or Co | mmittee by Ad | | |
| For the reporting period | ending -2-07 | | |
| | G. I. Janla A. Dimont (| Contributions | |
| combine all contributions of \$10 contributions on their respective year from an individual or politicamount, name, address and place. | ing all direct contributions. You must keep to or less from individuals and the same fine lines below and on the next page. Any coloral party and all contributions from PAC to of employment (if applicable) of the colorad be duplicated if you need more space, or | o a record of all contributors, but for com political parties and enter these entribution of more than \$100 or ago is must be entered as a separate item attributor. Each type of contributor has you may attach additional sheets of | gregate during a calendar (itemized) giving the has their own section for |
| | | | *\$ |
| Unitemized Contributions fro | | | |
| Itemized Contributions from | | Place of Employment (Name of Employer) | |
| Name | Residence Address | | ¬ \$ /00 |
| Sex & Civily Hagg | 1721 West Blud | Athy | \$ |
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| Name of Candidate or Committee 4 | as Olson | Appendix B |
|---|---|--------------|
| 9, | -2-07 | |
| For the reporting period ending / | | |
| Schedule A – I | Direct Contributions (continued) | |
| | | |
| Unitemized Contributions from Political Parties: | | *\$ |
| Itemized Contributions from Political Parties | | |
| Party Name | Address | |
| | | \$ |
| | | |
| | | |
| | | |
| | | \$ |
| Total of Itemized Contributions from Political Part | ties: | *\$ |
| | | |
| | mittees (PAC's) - All contributions from PAC's must | be itemized. |
| Owest SD PAC | 125 50 Aug Sion + Falls, 50 57194 |] s 200 |
| SO Assar of Specially Gre Provides | 1868 Tomany Dr April (1744 50 57703 | \$ 700 |
| Action committee for Ethonol | PO BOX 184 SIDUX FOILS , 50 57101 | \$ 50_ |
| SD Registered Misse Amesthetists | 4518 River OCKS Dr. Sianxfalls SD 57805 | \$ 50 |
| | | \$ |
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Total of Itemized Contributions from Political Action Committees:

Total of All Direct Contributions (Sum of all lines with an *)

| Name of Candidate or Committee: | you Olson | Appendix B |
|--|---|--|
| For the reporting period ending: | 1-2-07 | |
| | - Fund-Raising Events Proceeds e money for the candidate and the net proceeds d | |
| Type or Name of Event | | Net Proceeds |
| | | |
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| | | |
| | | |
| Total: | | <u> </u> |
| Report all non-cash contributions of goods or service contributor, residence address and place of employm Nature of Non-Cash Contribution | | ue exceeds \$100, the name of the Estimated Value |
| | | |
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| | | |
| Total: | | |
| Sch Use this schedule to report any refunds, interest earn | nedule D - Other Income ned or other income which is not a direct contribu | ution. |
| Source of Income | | Amount |
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Total:

| | te or Committee:_ | Cyan Ulan | <u>-</u> , |
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| or the reporting | period ending: | 1-2-01 | |
| | | Schedule E - Expenditures | |
| his schedule is to rep epenses. All other ex | ort all expenditures rela orpenses should be listed | ating to a candidate's campaign. Line items have been l. All contributions to candidates and committees | n provided for reporting com must be listed individually. |
| Exp | penses Amount | Contributions Made to Candidates a Name of Candidate or Committee | and Committees Amount |
| dvertising | Amount | Traine of Candidate of Committee | Allount |
| onsulting | | | |
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| ist other expense ems below | List other expense amounts below | | |
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| Schedule F - Debts and Obligations his schedule is to report all of the candidate's campaign obligations which are unpaid at the end of the reporting period. If a service schen contracted but not billed, estimate the amount of the obligation. Purpose: Amount Amount | Name of Candidate or Comm | // | Appendix |
|---|--|--|--|
| his schedule is to report all of the candidate's campaign obligations which are unpaid at the end of the reporting period. If a service is been contracted but not billed, estimate the amount of the obligation. Purpose: Amount | For the reporting period end | ing: 1-2-57 | |
| | This schedule is to report all of the ca has been contracted but not billed, es | andidate's campaign obligations which are unpaid | tions at the end of the reporting period. If a service |
| Facil Obligations | Owed to: | Purpose: | Amount |
| Total Obligations | | | |
| Ford Obligations: | | | |
| Fact Obligations | | | |
| Facts Obligations: | | | |
| Facts Obligations: | | | |
| Extel Obligations: | | | |
| Patal Obligations | | | |
| Total Obligations: | | | |
| Total Obligations: | | | |
| Paral Obligations: | | | |
| Total Obligations: | | | |
| | Total Obligations: | | |

| Na | me of Candidate or Committee: | lyon Elson | Appendi |
|-----|---|--|--------------------------------------|
| | r the reporting period ending: | /-2-0) | |
| | s summary sheet will give a brief outline of all n the schedules previously completed. | Summary Page campaign finance activity during this reporting | g period. Please transfer all totals |
| .1. | Amount on hand, if any, at the beginn | ing of the reporting period: | s_775 |
| 2. | Receipts | | |
| | Schedule A - Direct Contributions | <u>500</u> | |
| | Schedule B - Fund-Raising Events | \$ | |
| | Schedule C - In Kind Contributions | \$ | |
| | Schedule D - Other Income | \$ | |
| | Total of all Receipts | s <u>500</u> | |
| 3. | Total Monetary Receipts (A+B+D) | | s <u>5</u> |
| 4. | Candidate's Personal Contribution to | Own Campaign | <u> </u> |
| 5. | Monetary Loans to Candidate or Com | nmittee During Reporting Period | \$ <u> </u> |
| 6. | Monetary Loans Repaid During Repo | orting Period | s |
| 7. | Expenditures - Schedule E | | \$ <u> </u> |
| 8. | Unpaid Obligations - Schedule F | \$ <u>O</u> | |

9. Amount on hand at the close of this reporting period. *
This should equal lines (1+3+4+5) – (6+7)

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State of South Dakota



Candidate's or Committee's Report of Receipts and Expenditures

RECEIVED NOV 2 1 2006 S.D. SEC. OF 22

Candidates and candidate committees: File in the office where you filed your nominating petition.

PACs, political party, ballot question and other committees: File with Elections Department, Secretary of State's Office, 500 E Capitol Ave., Pierre, SD 57501-5070

See pages 9 & 10 of the Guideline Book for specific instructions on completing this report. Name of Candidate or Committee (4an P. 0150N 303rd Avenue Onida, SD 57564 Complete Mailing Address 18611 Name of Person Making Report Lyan Olson Daytime Phone Number 605-280-2398 If you are a candidate, what office are you seeking? House D.St. 24 If you are a ballot question committee, indicate which measure(s) the committee was involved with during the reporting period and whether the measure was supported or opposed. Type of Report (See pages 4 & 5 of Guideline Book) Post-Cover For Reporting Period Ending (See pages 4 & 5 of Guideline Book) 1-2-67 The following verification must be completed before submitting report. VERIFICATION OF PERSON MAKING REPORT _____(print name legibly), certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete. Date: 11-19-06 Cardidate Signature or Signature of Committee Treasurer or Chairperson day of

Revised July 2001

Ohi Melson

CCRETARY OF STATE

| Name of Candidate or Committee_ | lyan Usan | |
|---------------------------------|-----------|---|
| For the reporting period ending | 1-2-07 | A |

Schedule A – Direct Contributions

This schedule is used for reporting all direct contributions. You must keep a record of all contributors, but for this report you may combine all contributions of \$100 or less from individuals and the same from political parties and enter these sums as unitemized contributions on their respective lines below and on the next page. Any contribution of more than \$100 or aggregate during a calendar year from an individual or political party and all contributions from PAC's must be entered as a separate item (itemized) giving the amount, name, address and place of employment (if applicable) of the contributor. Each type of contributor has their own section for itemization. This schedule may be duplicated if you need more space, or you may attach additional sheets of paper.

| Unitemized Contributions from Individuals: | | | *\$ |
|--|--|---|--------------|
| Itemized Contributions from Ind Name | Residence Address | Place of Employment (Name of Employer) | |
| Sex & Cindy Hagy | 1721 West Blud | Atny | □ s /00 |
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| 16. | | | \$ |
| | | | \$ |
| Total of Itemized Contributions | from Individuals: | | *\$ |

| Name of Candidate or Committee | byan Olson | Appendix B |
|--|--|---------------|
| | | |
| For the reporting period ending | 1-2-07 | |
| Schedule . | A – Direct Contributions (continued) | |
| Unitemized Contributions from Political Par | diana. | *5 |
| Cutternized Contributions from Fontical Fai | ues. | J |
| Itemized Contributions from Political Partie | s | |
| Party Name | Address | n |
| | | \$ |
| | | |
| | | |
| | | |
| | | \$ |
| Total of Itemized Contributions from Politic | al Parties: | *\$ |
| Itemized Contributions from Political Action PAC Name | Committees (PAC's) - All contributions from PAC's must Address | _ |
| Owest SD PAC | 125 50 Ave Sionx Falls, 50 57194 | s <u>200</u> |
| D Assn of Specify for Poucles | 1868 Tomberly Dr April City 50 57703 | \$ <u>/00</u> |
| StionConnike for Ethanil SD Registerd Wrse to Comp Amesthetists | 458 River OCKS Dr. Saxfolls 3D 57805 | \$ 50 |
| SO EGINERAL MAISE NORTH AMERICASIS | 150 MAY (315) ET, MONEY MIS 30 2 1/45 | \$ |
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Total of Itemized Contributions from Political Action Committees:

500

| Name of Candidate or Committee: | you Olson | Appendix B |
|---|---|-----------------------------------|
| For the reporting period ending: | 1-2-07 | |
| | - Fund-Raising Events Proceeds money for the candidate and the net proceeds d | |
| Type or Name of Event | | Net Proceeds |
| | | |
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| | | |
| Total: | | |
| Report all non-cash contributions of goods or service contributor, residence address and place of employm | | ue exceeds \$100, the name of the |
| Nature of Non-Cash Contribution | Name, Residence Address & Place of Employment | Estimated Value |
| | | |
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| | | |
| Total: | | |
| Sch Use this schedule to report any refunds, interest earn | edule D - Other Income led or other income which is not a direct contribu | ution. |
| Source of Income | | Amount |
| | | |
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| Total: | | 0 |

| Schedule E – Expenditures This schedule is to report all expenditures relating to a candidate's campaign. Line items have been provided for reporting commexpenses. All other expenses should be listed. All contributions to candidates and committees must be listed individually. | | | | |
|---|--------------------|---|---------------------------------------|--|
| | penses | Contributions Made to Candidates and Committees | | |
| em | Amount | Name of Candidate or Committee | Amount | |
| dvertising | | | | |
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| Name of Candidate or C | ommittee: Kun Stow | Appendix |
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| For the reporting period | | |
| | Schedule F - Debts and Oblig | rations |
| This schedule is to report all of has been contracted but not bill | the candidate's campaign obligations which are unpaid, estimate the amount of the obligation. | id at the end of the reporting period. If a service |
| Owed to: | Purpose: | Amount |
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Total Obligations:

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| | r the reporting period ending: | 1-2-0) | |
| | s summary sheet will give a brief outline of all on the schedules previously completed. | Summary Page campaign finance activity during this reporting p | eriod. Please transfer all totals |
| 1. | Amount on hand, if any, at the beginni | ng of the reporting period: | s_775 |
| 2. | Receipts | | |
| | Schedule A - Direct Contributions | s <u>500</u> | |
| | Schedule B - Fund-Raising Events | \$ | |
| | Schedule C - In Kind Contributions | \$ | |
| | Schedule D - Other Income | \$ | |
| | Total of all Receipts | s_500 | |
| 3. | Total Monetary Receipts (A+B+D) | | s <u>5</u> 00 |
| 4. | Candidate's Personal Contribution to C | Own Campaign | <u>6</u> 2 |
| 5. | Monetary Loans to Candidate or Com | mittee During Reporting Period | s |
| 6. | Monetary Loans Repaid During Repor | ting Period | s |
| 7. | Expenditures - Schedule E | | \$ <u>O</u> |
| 8. | Unpaid Obligations - Schedule F | s | |

9. Amount on hand at the close of this reporting period. *
This should equal lines (1+3+4+5) – (6+7)

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State of South Dakota



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Revised July 2001

Ohi Melson

CCRETARY OF STATE

| Name of Candidate or Committee_ | lyan Usan | |
|---------------------------------|-----------|---|
| For the reporting period ending | 1-2-07 | A |

Schedule A – Direct Contributions

This schedule is used for reporting all direct contributions. You must keep a record of all contributors, but for this report you may combine all contributions of \$100 or less from individuals and the same from political parties and enter these sums as unitemized contributions on their respective lines below and on the next page. Any contribution of more than \$100 or aggregate during a calendar year from an individual or political party and all contributions from PAC's must be entered as a separate item (itemized) giving the amount, name, address and place of employment (if applicable) of the contributor. Each type of contributor has their own section for itemization. This schedule may be duplicated if you need more space, or you may attach additional sheets of paper.

| Unitemized Contributions from Individuals: | | | *\$ |
|--|--|---|--------------|
| Itemized Contributions from Ind Name | Residence Address | Place of Employment (Name of Employer) | |
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| Total of Itemized Contributions | from Individuals: | | *\$ |

| Name of Candidate or Committee | byan Olson | Appendix B |
|--|--|---------------|
| | | |
| For the reporting period ending | 1-2-07 | |
| Schedule . | A – Direct Contributions (continued) | |
| Unitemized Contributions from Political Par | diana. | *5 |
| Cutternized Contributions from Fontical Fai | ues. | J |
| Itemized Contributions from Political Partie | s | |
| Party Name | Address | n |
| | | \$ |
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| | | |
| | | \$ |
| Total of Itemized Contributions from Politic | al Parties: | *\$ |
| Itemized Contributions from Political Action PAC Name | Committees (PAC's) - All contributions from PAC's must Address | _ |
| Owest SD PAC | 125 50 Ave Sionx Falls, 50 57194 | s <u>200</u> |
| D Assn of Specify for Poucles | 1868 Tomberly Dr April City 50 57703 | \$ <u>/00</u> |
| StionConnike for Ethanil SD Registerd Wrse to Comp Amesthetists | 458 River OCKS Dr. Saxfolls 3D 57805 | \$ 50 |
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Total of Itemized Contributions from Political Action Committees:

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| Name of Candidate or Committee: | yn Oson | Appendix B |
|---|---|------------------------------------|
| For the reporting period ending: | 1-2-07 | |
| | - Fund-Raising Events Proceeds se money for the candidate and the net proceeds of | derived from each event. If a |
| Type or Name of Event | | Net Proceeds |
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| Total: | | <u> </u> |
| | la Carlos IVIII I Caradallandi ann | |
| Report all non-cash contributions of goods or service contributor, residence address and place of employr | | lue exceeds \$100, the name of the |
| Nature of Non-Cash Contribution | Name, Residence Address & Place of Employment | Estimated Value |
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| Total: | | 0 |
| Scl Use this schedule to report any refunds, interest ear | hedule D - Other Income med or other income which is not a direct contrib | oution. |
| Source of Income | | Amount |
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| Total: | | 0 |

| Schedule E – Expenditures This schedule is to report all expenditures relating to a candidate's campaign. Line items have been provided for reporting commexpenses. All other expenses should be listed. All contributions to candidates and committees must be listed individually. | | | | |
|---|--------------------|---|---------------------------------------|--|
| | penses | Contributions Made to Candidates and Committees | | |
| em | Amount | Name of Candidate or Committee | Amount | |
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| An | pendix | R |
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| 4 × 10 | POHEN | |

| Name of Candidate or C | ommittee: Kun Stow | Appendix |
|--|---|---|
| For the reporting period | | |
| | Schedule F - Debts and Oblig | rations |
| This schedule is to report all of has been contracted but not bill | the candidate's campaign obligations which are unpaid, estimate the amount of the obligation. | id at the end of the reporting period. If a service |
| Owed to: | Purpose: | Amount |
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Total Obligations:

| Na | me of Candidate or Committee: | lyon Stan | Appendi |
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| | r the reporting period ending: | 1-2-0) | |
| | s summary sheet will give a brief outline of all on the schedules previously completed. | Summary Page campaign finance activity during this reporting | g period. Please transfer all totals |
| 1. | Amount on hand, if any, at the beginni | ng of the reporting period: | s_775 |
| 2. | Receipts | | |
| | Schedule A - Direct Contributions | s <u>500</u> | |
| | Schedule B - Fund-Raising Events | \$ | |
| | Schedule C - In Kind Contributions | \$ | |
| | Schedule D - Other Income | \$ | |
| | Total of all Receipts | s <u>500</u> | |
| 3. | Total Monetary Receipts (A+B+D) | | s <u>5</u> 00 |
| 4. | Candidate's Personal Contribution to C | <u>6</u> | |
| 5. | Monetary Loans to Candidate or Com | s | |
| 6. | Monetary Loans Repaid During Repor | \$ <u>_</u> | |
| 7. | Expenditures - Schedule E | | \$ <u>O</u> |
| 8. | Unpaid Obligations - Schedule F | \$ <u>_</u> | |

9. Amount on hand at the close of this reporting period. *
This should equal lines (1+3+4+5) – (6+7)

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